



PURCHASING CARD APPLICATION AND USE AGREEMENT

OFFICE OF MANAGEMENT AND BUDGET/FISCAL

SFN 52164 (4-2004)

INSTRUCTIONS: Please complete and submit to the Agency Purchasing Card Administrator.

Employee Cardholder's Name: (as shown on payroll)	Division/Work Unit:	Number of Cards:	Credit Limit:
---	---------------------	------------------	---------------

The Purchasing Card is intended for best judgment purchases (through \$2,500). Purchases made with this card must comply with Office of Management and Budget and agency procurement policies and procedures.

The Purchasing Card **MAY NOT** be used to purchase the following:

- Alcoholic Beverages
- Ammunition/Weapons
- Cash Advances
- Employee Travel (Lodging/Meals)
- Entertainment/Hospitality/Food
- Flower/Gifts
- Gasoline/Fuel for Travel
- Insurance
- Leases
- Legal Services
- Motor Vehicles
- Non-Business/Personal Items
- Printing (Transaction Value >\$1,000)
- Tax Reportable Services (1099)

If the card becomes lost or stolen, the cardholder must IMMEDIATELY NOTIFY the Purchasing Card company (800-393-3526) and the Agency Purchasing Card Administrator.

When a cardholder terminates employment with the agency or transfers to another agency/division, the sponsor division shall reclaim the Purchasing Card and return it to the Agency Purchasing Card Administrator.

Non-adherence to any of the above procedures may result in revocation of individual cardholder privileges and potential discipline, and may result in revocation of all sponsor division and/or agency Purchasing Cards.

As an applicant/cardholder of a State of North Dakota Purchasing Card, I understand the responsibility for the protection and proper use of this card as detailed above and in the guidelines outlined in the State of North Dakota Purchasing Card User Manual.

Signature of Applicant/Cardholder:	Date Signed:
------------------------------------	--------------

I approve the issuance of a State of North Dakota Purchasing Card to the above-named employee and acknowledge the overall responsibility for the proper use of the card.

Signature of Authorized Sponsoring Division:	Date Signed:
--	--------------

Signature of Agency Purchasing Card Administrator	Date Signed:
---	--------------

Upon approval of this application, a Cardholder Purchasing Card Account Setup Form will be issued.

Complete this section when the Purchasing Card is received and return this application/use agreement form to the Agency Purchasing Card Administrator:

I acknowledge receipt of the Purchasing Card

Cardholder Signature:	Date Signed:
-----------------------	--------------

NOTE: Sign your card immediately upon receipt.